

DEPARTMENT OF HEALTH SERVICES

1/744 P STREET
SACRAMENTO, CA 95814
(916) 323-0503



January 26, 1987

CMSP Letter No. 87-1

To: All County Welfare Directors

CMSP ELIGIBILITY MANUAL REVISIONS

This transmits two (2) copies of revisions to the County Medical Services Program (CMSP) Eligibility Manual. Please reproduce sufficient copies of these revisions and place them in existing copies of the CMSP Eligibility Manual as appropriate. The most recent CMSP letter containing manual revisions was 86-7 (August 1986).

These revisions include:

1. Section 0143 - Requires clear case notes when a person applies on behalf of another person for CMSP.
2. Section 0166 - Directs the county to encourage applicants to apply for Medi-Cal when an obvious disability exists.
3. Section 0189 - Upon redetermination of a case, requires the county to consider resubmission of a disability application.
4. Section 0711 - Explains when a CMSP recipient may be determined eligible for Medi-Cal retroactively.
5. Section 0750 - Directs the county on how to report to the State those CMSP recipients determined eligible for Medi-Cal retroactively.

In addition to the above manual revisions, you are requested to reinforce compliance with Section 0142, Evaluation of Medi-Cal Linkage, and Section 0771, Recovery of Third Party Payments, to ensure maximum recovery for CMSP from Medi-Cal and other third party payers.

MEDS clerks in your county who do not understand the EW-15, EW-30 and EW-50 transactions referred to in Section 0750 should contact Linda McFarland at (916) 324-4203.

Remove Pages

31 - 32
35 - 36
37 - 38
45
137 - 138
-
143.1 143.2

Insert Pages

31 - 32
35 - 36
37 - 38
45
137 - 138
138.1
143.1-253.2

Any questions regarding these changes should be directed to Linda McFarland of the CMSP Unit at (916) 324-4203.

Sincerely,


Jim Martinez, Chief
County Medical Services Program
County Health Services Branch

Enclosures

cc: CMSP Contact Persons

LMC:lr
CMSP-014
1/87

Article 3. Application Process

0140. County Medical Services Program (CMSP).

(a) A person's eligibility shall be determined under the CMSP if that person is at least 21 but not older than 64 years of age and any of the following:

(1) A person who cannot meet the Medi-Cal eligibility requirements.

(2) Not yet determined eligible for Medi-Cal as a PA or Other PA recipient or as an MN person because of a pending application based on blindness or disability and blindness or disability has not yet been determined.

(b) In order to be eligible under this program, the persons listed in (a) (1) and (2) shall meet the property, citizenship, residence, institutional status, and cooperation requirements specified in this manual.

(c) In order to be certified and receive a CMSP card under this program, the persons listed in (a) (1), and (2) shall be determined eligible and meet the income and share of cost requirements specified in these regulations.

(d) For purposes of this section persons are considered 21 years of age on the first day of the month following the month in which they reach age 21.

0141. Application Process -- General.

The county department shall receive and act upon all applications, reapplications, requests for restoration, and redetermination without delay and in accordance with the provisions of this article.

0142. Evaluation of Medi-Cal Linkage.

The county department shall evaluate potential Medi-Cal linkage by completing a CMSP Medi-Cal Evaluation linkage form, CMSP 1153, on each applicant.

0143. Persons Who May File an Application for CMSP.

(a) Any person who wishes to receive CMSP may file an application. If the applicant is incapable of acting on his own behalf, or is deceased, any of the following persons may file the application for the applicant.

The applicant's guardian or conservator or executor

A person who knows of the applicant's need to apply.

A public agency representative.

(b) When a person applies on behalf of a CMSP applicant, the case file shall clearly specify why the applicant could not apply.

0147. Application for CMSP

A person or family applying for CMSP shall submit a completed application form to the county department.

0148. Application for Retroactive CMSP.

A person or family applying for retroactive CMSP shall

(a) Submit a completed application form to the county department if the application is for retroactive coverage only.

(b) Request retroactive coverage in one of the following ways if the request for retroactive CMSP is made in conjunction with, or after, an application for CMSP.

(1) On the application form.

(3) Other health care coverage

(c) A person applying for CMSP and requesting retroactive coverage shall complete the Statement of Facts for the retroactive month.

0163 Persons Who May Complete and Sign the Statement of Facts.

(a) The applicant or spouse of the applicant shall complete and sign the Statement of Facts, unless:

(1) The applicant has a conservator, guardian or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.

(2) The applicant is incompetent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:

(A) The county department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services.

(B) The Statement of Facts may be completed and signed on the applicant's behalf by a relative, a person who has knowledge of the applicant's circumstances, or a representative of a public agency or the county department.

(C) The person completing the Statement of Facts on behalf of the applicant shall provide all available information required on the Statement of Facts regarding the applicant's circumstances.

(D) If a county department representative completes and signs the Statement of Facts, another representative of that county department shall:

1. Confirm, by personal contact, the applicant's inability to act on his own behalf.

2. Countersign and approve any recommendations for eligibility

(3) The applicant dies or cannot be located before completing the Statement of Facts. In this case, the county department shall obtain as much information as possible regarding the applicant's circumstances.

In such cases, a relative, friend, or a representative of a public agency or the county department may complete the Statement of Facts on behalf of the applicant in accordance with (a) (2) (B), (C) and (D) 2.

0165. Filing the Statement of Facts.

(a) At the time the Statement of Facts is given or mailed to an applicant, the county department shall:

(1) Set a reasonable deadline for returning the Statement of Facts to the county department.

(2) Inform the applicant of the deadline.

(b) If the Statement of Facts is not returned personally or by mail by the deadline specified in (a), the county department shall:

(1) Attempt to contact the applicant or beneficiary to determine the reason for the delay.

(2) Extend the deadline for returning the Statement of Facts if a valid reason for the delay, such as incapacity, is found.

(3) Deny the application or discontinue eligibility if a valid reason for the delay cannot be established.

(c) A copy of the completed Statement of Facts shall be provided to the individual who signed it, at the request of that individual.

0166. Obtaining Information for the Completion of the Statement of Facts

The county department or the representative of a public agency completing the Statement of Facts in accordance with Section 0163 (a) (2) shall:

(a) Perform a diligent search to obtain available information regarding the applicant's circumstances applicable to a CMSP eligibility determination.

(b) Complete the Statement of Facts based upon the findings of the diligent search.

(c) Establish whether a disability exists by initiating a Medi-Cal application in those cases where the applicant indicates a disability. If the applicant does not indicate a disability when an obvious disability does exist, or refuses to complete a Medi-Cal DED application for their disability, the county shall:

- 1 Explain the additional benefits under Medi-Cal.
- (2 Encourage the applicant to apply for Medi-Cal.

0167. Verification -- Prior to Approval.

With regard to information on the Statement of Facts, the county department shall obtain verification prior to approval of eligibility.

0171. Clarification of Statement of Facts.

(a) If additional clarification is needed, the county department shall inform the person who signed the Statement of Facts of the information needed and the reason for the request. Such person(s) shall be responsible for securing the additional information.

(b) If the person who signed the Statement of Facts has difficulty in securing the necessary information, the county department shall, with the person's written consent, obtain the information. The applicant's Authorization for Release of Information shall identify persons to be contacted and the specific information to be requested.

0172. Verification by Signature.

(a) The signature on the Statement of Facts shall be accepted as verification of the facts if both of the following conditions are met, except as specified in (c):

(1) The information required for establishing eligibility under these regulations is not available.

(2) The county department determines that the information provided on the Statement of Facts is sufficient to determine

eligibility. If the information on the Statement of Facts is insufficient, the county department shall accept a signed statement, from the person completing the Statement of Facts providing the necessary supplemental information.

(b) The county department shall state on the Statement of Facts that this is the only method of verification available, if this method of verification is used.

(c) The signature on the Statement of Facts shall not be accepted as verification of a person's SSN, application for an SSN or for evidence of an SSN.

0173. Eligibility Determination

(a) The county department shall determine the person's or family's eligibility and share of cost after the applicant for CMSP has applied, completed the Statement of Facts, and provided all essential information.

(b) A determination based on the results of a county search for information under Section 0166 shall be completed in the same manner as any other determination.

(1) Citizenship and residency requirements shall be considered to be met, in the absence of information to the contrary.

(2) Only the income and resources discovered through the search shall be considered available.

0175. Denial or Discontinuance Due to Lack of Information, Noncooperation or Loss of Contact.

(a) The application shall be denied or eligibility discontinued under any one of the following circumstances:

(1) There is insufficient information available to make an eligibility determination, after the county department has made a reasonable effort to obtain the necessary information.

(3) Verify if a DED application had been previously submitted on the client and resubmit the application if the client still has a disability.

(4) Send a Notice of Action if there is a change in the beneficiary's eligibility status or share of cost.

(5) Provide an informational pamphlet on the CHDP program to the beneficiary which describes the CHDP benefits available, and how and where the benefits are provided in the county, if there are persons under 21 years of age in the family.

(d) A face-to-face interview shall be required at the time of redetermination for all CFBUs.

0191. Status Reports.

The county department shall require the completion of a Status Report at monthly intervals.

Article 11 Period of Eligibility

0701. Beginning Date of Eligibility.

(a) The beginning date of eligibility for persons applying for CMSP, whose eligibility has not yet been determined shall be either:

(1) The first day of the month of application, if all eligibility requirements of the appropriate CMSP are met.

(2) The first day of the month, subsequent to the month of application, during which the eligibility requirements of the CMSP are met.

(b) For the purposes of (a), eligibility requirements are considered to be met throughout the month if they are met at any time during the month.

0703. Period of Eligibility.

(a) The period of eligibility for CMSP for persons eligible for CMSP, shall begin with the date specified in Section 0701 (a), and shall continue through each successive month during which the beneficiary meets all of the following conditions:

(1) Has cooperated with the county department to the extent required by Sections 0185 and 0187.

(2) Has met the property requirements specified in Article 7 at some time during the month.

(3) Has met the citizenship, residence and institutional status requirements at some time during the month.

(b) The period of eligibility shall be modified for any portion of a month in which a person is ineligible due to institutional status.

(c) A final date of eligibility shall be established when the county department determines that the person or family will no longer meet all eligibility requirements as of the first of the following month provided that a ten day notice can be given.

0710. Retroactive Eligibility

(a) In addition to the month of eligibility specified in Section 0703, an applicant shall be eligible for the month immediately preceding the month of application or reapplication if all of the following requirements are met in that month:

(1) The county department determines that the applicant would have been eligible, had an application been made.

2) The applicant received program covered services.

(3) The applicant was not previously denied CMSP for the month in question, unless the application was denied for one of the following reasons:

(A) County error

(B) The applicant's failure to cooperate, when that failure, or the applicant's subsequent failure to reapply, was due to circumstances beyond the control of the applicant.

(b) The request for retroactive eligibility shall be made in accordance with section 0148 and shall be treated as any other application.

0711. Retroactive Medi-Cal Eligibility.

(a) A CMSP recipient may be determined eligible for Medi-Cal retroactively if:

(1) The person is determined eligible as an MN recipient based on blindness or disability retroactive to the CMSP eligible date.

(2) The person is determined eligible as a PA or Other PA recipient retroactive to the CMSP eligible date.

(b) Retroactive Medi-Cal card issuance shall be in accordance with Section 0750.

0715. Certification for CMSP -- Completion.

(a) A person or family determined to be eligible shall not receive a CMSP card until certified.

(b) Certification shall be completed by:

(1) The county department for:

(A) Persons who have no share of cost.

(B) Persons who have a share of cost and an immediate need.

(2) The Department for persons who have a share of cost, other than those specified in (1) (B).

CMSP ELIGIBILITY MANUAL

(f) Upon issuance of a duplicate CMSP card, the county will log the card request information on form CMSP-001 (Duplicate CMSP Card Log) and on a quarterly basis, submit the log to the Department of Health Services, County Health Services Branch, County Medical Services Program Unit, 714 P Street, Room 523, Sacramento, CA 95814. The hospital's request shall be filed in the beneficiary's case file.

(g) If the beneficiary was not eligible in your county on the identified date(s) of service, the provider's request may be denied by the county and returned to the hospital.

(h) The county should process provider requests chronologically, working the oldest first, and shall limit retroactive card issuance to twelve (12) months.

(i) If a CMSP card is requested for a beneficiary whose eligibility was established subsequent to the date of service, a separate note should be sent to the provider, indicating that the case involves retroactively determined eligibility and identifying the date eligibility was established. This notation will assist the provider in the processing of Treatment Authorization Requests (TARs) when needed.

(j) If the date of service is ten (10) to twelve (12) months retroactive from the date the county is processing the request for a replacement card, the following procedures apply:

(1) Issue the hospital provider a duplicate CMSP card for each month of service in which the beneficiary was eligible.

(2) Issue a letter to the provider for each month of service to authorize a billing which may occur sixty (60) days beyond the one-year limitation period.

(k) Note that duplicate CMSP cards can be requested through Medi-Cal Eligibility Data System (MEDS) only if the date of service is within the MEDS Eligibility History file.

0749. Control of County Issued CMSP Cards

(a) The county department shall record every CMSP card issued or voided by the county department on the control log for MC 301, form HAS 2007.

(b) The county department may, with department approval, use a substitute for form HAS 2007.

0750. Retroactive Medi-Cal Card Issuance and Recipient Notification

If a CMSP recipient is determined eligible for Medi-Cal retroactive to the CMSP eligibility date, the county shall:

a) Revise the client's eligibility history by

(1) Performing a EW-30 transaction to update the client 13-month MEDS history for the appropriate retroactive months.

(2) Performing an EW-50 transaction to update the client's eligibility history for the appropriate retroactive months beyond the 13-months MEDS history.

(b) Issue Medi-Cal cards only for those retroactive months in which non-CMSP medical services were provided. An EW-15 transaction must be performed to generate retroactive card issuance.

(c) Notify the recipient of the change in eligibility status, and advise the client of the rights and responsibilities under Medi-Cal and the scope of Medi-Cal benefits.

0751. Report of Eligible Beneficiaries.

(a) The Department shall compile a monthly report of all persons eligible for CMSP. This report of eligible beneficiaries shall include all persons:

(1) Certified for CMSP by the county department and reported to the Department for issuance of CMSP cards.

(2) Certified for CMSP and issued CMSP cards by the county department

(3) With a share of cost. These persons are reported as eligible but not certified for CMSP.

(4) Certified for CMSP and issued CMSP cards by Benefits Review Unit.

(b) The county department shall report the information specified in (a) (1), (2) and (3) in a timely manner in accordance with department procedures.